

FINANCIAL STATEMENT – KEYMAN ASSURANCE

(To be completed by life insured and policyholder)

1. Life insured's details

Policy no. _____ Identity no. _____
 Name of insured _____

2. Policyholder's details

Name of company _____
 Registration no. _____
 Nature of business conducted:
 Retailer Manufacturer Wholesaler Financial services Professional Other
 If 'Other', please provide details _____

3. Key person's details

What is your role? _____

Please describe your duties	% time spent
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
_____	_____ %
	100%

Approximately how much revenue is directly attributable to you? R _____

Are any other persons in the Business also considered key persons? YES NO

If YES, please provide details and state whether insurance is also being sought on these other persons:

Is a succession plan in place? YES NO

If YES, please provide details _____

How was the sum insured calculated? _____

How long has this keyman been employed in the business? _____

Number of years' experience in the field of expertise? _____

Keyman's qualifications _____

Does the keyman have a shareholding or interest in the business? YES NO

If YES, indicate percentage/share of interest _____ %

Initials (life insured and policyholder)

Keyman's annual remuneration package for the last 3 years

Year _____ Year _____ Year _____
 R _____ R _____ R _____

4. Cover in force

Please give a breakdown of company owned cover in force for this Life

Amount of life cover	Ownership of policy	Reason for cover	Insurance company

Please provide any other factors to consider in determining the sum assured

5. Declaration by life insured and policyholder

I/We declare that this financial statement is true and correct and agree that such statement, together with the application for life assurance and any forms, statements, reports or other information completed or supplied by me/us or any party on my behalf, shall form the basis of the contract.

I/We declare that no material fact has been withheld, mis-stated or concealed by me/us and that I/we will disclose all material facts prior to acceptance of the risk. I/We agree that any mis-statement/omission in this financial statement may lead to any contract being limited to a level of cover, as determined by Hollard Life, and that in such an event all excess contributions paid in respect thereof shall be forfeited.

Please take note of the following Hollard disclosures

Protection of Personal Information Act (POPIA)

Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Financial Intelligence Centre Amendment Act (FICAA)

In accordance with applicable anti-money laundering laws in South Africa, we are required to obtain specific information and evidence to verify your identity (and in many cases the identities of related persons, such as, but not limited to, directors, beneficial owners and persons instructing us on your behalf (where applicable)) when applying for cover and on an on-going basis. If we ask you for information or documents (including originals or certified copies) you must provide them to us as soon as possible. If we do not receive adequate information and evidence within a reasonable time of our request we may be unable to provide you with cover or may cancel the policy in accordance with applicable law.

Signature
(life insured)

Date

D	D	M	M	Y	Y	Y	Y
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Signature
(policyholder)

Date

D	D	M	M	Y	Y	Y	Y
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